PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

(2) GO 1

Effective October 1, 2000									07	t (0115	
CLAIMS AS FILED - PART I								F	NTITY		OTHER	THAN
TOTAL OLAMAS			(Column 1)		(Colu	(Column 2)		TYPE		OR	OTHER THA	
TOTAL CLAIMS							RAT	Ε	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			22 minus 20= 2			,	X\$ 9)=		OR	X\$18=	21
INDEPENDENT CLAIMS			7 minus 3 = 1				X40				X80=	36
MU	JLTIPLE DEPEN	DENT CLAIM P	RESENT							OR		
• 11	the difference	in column 1 is	less than ze	+135			OR	+270=				
CLAIMS AS AMENDED - PART II							TOTA	AL.	<u> </u>	OR	TOTAL	
	C	(Column 1)	(Column 2) (Column 3)				SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
AMENDMENT A	1	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	EST BER DUSLY	PRESENT EXTRA	RATI		ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	· 10	Minus	•• 2	2	= 0	X\$ 9	_	FEE /	OR	X\$18=	FEE
	Independent	. 2	Minus	***	2	= 0	X40:	\dashv	1		X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1 140	_	X	OR	X60=	X
								=	/ \	OR	+270=	1/:
				. د•			TO ADDIT, F			OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)				_		
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	·	=	X\$ 9	-		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CLAIM	=	X40=			OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								=		OR	+270=	
								AL EE		OR	TOTAL ADDIT, FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		= .	X\$ 9=			OR	X\$18=	
	Independent	•	Minus	***		8	X40=	\dashv			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+		OR	700=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3,										OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		mber Previously Paid ber Previously Paid					ound in the	аррі	ropriate box	in colu	umn 1.	